San Diego County Black Infant Health (BIH) - North County Program

3375 Mission Avenue, Suite F • Oceanside, CA 92058

REFERRAL FORM

Please fax completed form to Tiffany Brewer at (760) 730-5092
OR e-mail to tiffanyb@fhcsd.org

PLEASE PRINT CLEARLY

PLEASE NOTE: BIH program eligibility requirements have changed. BIH accepts only African American women who are PREGNANT.

❒ **Yes, client is a pregnant African American woman**

Baby's Due Date: _____/_____/_____

Last Name:	**First Name:**	**Nickname/AKA/Maiden:**

Street Address:	**City:**	**Zip Code:**

Home Phone Number:	**Cell Phone Number:**

Email Address:	**Date of Birth:** _____/_____/_____

Additional Information:

By signing below, I agree to be contacted by the San Diego County Black Infant Health - North County program.

Client/Patient Signature: _____ Date: _____

SOURCE OF REFERRAL TO BIH - NORTH COUNTY

Referral Date: _____/_____/_____

Name: _____

Organization Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Thank you for your referral to the BIH - North County program.
For more information about BIH - North County program services, please call (760) 730-5078.

The San Diego County Black Infant Health (BIH) – North County program receives funds from the State of California, Department of Public Health, Maternal, Child, and Adolescent Health Division through the County of San Diego, Health and Human Services Agency and First 5 Commission of San Diego. The San Diego County BIH – North County program is operated in San Diego County by Family Health Centers of San Diego.